	PATENT	,		10	/-,	7261	74							
Effective October 1, 2003										10005	44	3-9950	(1161-113	910
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER SMALL		
TOTAL CLAIMS			(9					RATE		FEE]	RATE	FEE	•
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			59 mir	rus 20=	• 39			X\$ 9	=		OR	X\$18=	702	İ
INDEPENDENT CLAIMS			3 m	inus 3 =	•			X43	2		OR	X86=		
MI	JLTIPLE DEPEN	NDENT CLAIM P	RESENT	•				+145			OR	+290=		
If the difference in column 1 is less than zero, enter "0" in column 2								TOTA			OR	TOTAL	14572	
_ / CLAIMS AS AMENDED - PART II									••	L		OTHER	THAN	1
1/14/04 (Column 1) (Column 2) (Column 3)								SMAI	L.I	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATI	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	· -
	Total	. 67	Minus	- 5		- &		XS 9	=		OR	XS AS	420	
	Independent	. 4	Minus	***	3	- /		X43-			OR	کنی• × 86 =	200	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145	_		OR	+290=		
								101	ΆL		ΔB	TOTAL	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	,
1/27/06 (Column 1) (Column 2) (Column 3)								ADDIT, F	EEI			ADDIT. FEE		•
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER BUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 66	Minus	- 6	7	- 0		2 S X\$ 9 5			OR	X\$#8=		İ
	Independent	• 3	Minus	*** C	\angle	= /		X49=	?		OR	200 X86 =	200	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145:				+290=		
								701			OR	TOTAL		ł
				40.1		./	•	ADDIT. F	EE	•	JOH	ADDIT. FEE		1
		(Column 1) CLAIMS	I	(Colun		(Column 3)	1 1		_	4001	l f		ADDI	ł
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9:	=		OR	X\$18=		
	Independent	•	Minus			·		X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145:	1			+290=		
، ،	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+29U=		ł
**	If the "Highest Nur If the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Pai	id For IN THI aid For IN THI	S SPACE IS S SPACE IS	less tha	n 20, enter "20. In 3, enter "3."	•	YOT. NODIT. Fl and in the	EE	ropriate bo		ADDIT. FEE		

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Application or Docket Number

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